

Field Treatment

1. Basic airway
2. Oxygen/Assist ventilations – **avoid hyperventilation**
3. CPR
 - ①
4. Cardiac monitor/document rhythm and attach EKG/ECG strip
5. **Defibrillate one time**
 - ②
6. Advanced airway prn
7. Venous access
 - ③

SUCCESSFUL

8. Continue with post-resuscitation care enroute, assess for potential deterioration

UNSUCCESSFUL

8. **Epinephrine (1:10,000) 1 mg IV/IO**
 - ①
 9. Defibrillate
 - ① ②
 10. **Amiodarone 300mg IV/IO**
 11. Defibrillate
 - ① ②
 12. **Epinephrine (1:10,000) 1 mg IV/IO**
 - ①
 13. Defibrillate
 - ① ②
 14. **Amiodarone 150mg IV/IO**
 - ②
 15. Defibrillate
 - ① ②
- Note:** ④ ⑤
16. **Epinephrine (1:10,000) 1mg IV/IO**
 - ①
 17. Defibrillate
 - ① ②

Drug Considerations

Epinephrine

- ① May repeat 1mg every 3-5 minutes
1:10,000 concentration

Amiodarone

- ② Maximum total dose is 450mg

Special Considerations

- ① Immediately resume CPR after defibrillation for 2 minutes (5 cycles) before rhythm/pulse check
- ② Monophasic (360J)
Biphasic defibrillator settings may vary; refer to manufacturer's guidelines.
If unknown, use highest setting
- ③ If IV access is not possible, place IO (if available)
- ④ Drugs to consider for specific history:
 - ✓ Hypoglycemia - **dextrose 50%, 50ml IV/IO**
 - ✓ Dialysis patient or calcium channel blocker toxicity – **calcium chloride 1gm IV/IO**
 - ✓ Narcotic overdose - **naloxone (Narcan®) 0.8-2mg IV/IO/IM/IN**
- ⑤ Routine administration of **sodium bicarbonate** is not recommended, consider for special situations (dialysis/tricyclic OD) with base concurrence – **1mEq/kg IV/IO**